

Provider Readiness FAQ

(Last updated: April 2023)

This document contains information intended to support provider readiness for direct bill. Click on one of the links below to view BDS responses regarding the topic.

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Direct Bill / Trading Partners

1. **Service Providers who choose to use a Trading partner for billing will most likely be charged a fee. How will this added expense be accounted for in rates?**

In preparation for July 1, 2023, compliance with the Corrective Action Plan, the proposed Governor's budget includes keeping current rates constant which means that previous funds removed from a participant budget to fund Area Agency general management costs will now go to the rendering Provider. It is anticipated that providers electing to utilize a trading partner may consider using this increase in funding to supplement this new cost.

2. **The issue of specialty services (SSL) and how these will be billed/paid needs much more detailed clarifications. How will they be billed...can they be a pass-through and how will that work?**

Please see updated pass-through guidance posted on our website at the link below.
<https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/pass-through-memorandum.pdf>

3. **If additional SSL funds are required who will assist in facilitating that?**

Any time a change to a participant's service needs or funding is required, the Service Coordinator will facilitate updates to the Individual Service Agreement and any corresponding prior service authorization request.

4. **In a prior meeting it was mentioned that Area Agencies would continue to bill for Specialty Services. Is that accurate and if so, why? If providers are billing Medicaid directly for all other services, why would they still bill Area Agencies for some services. This would likely cause unnecessary billing confusion, reconciliation and aging errors in claims software, and collection**

delays that providers assumed would be eliminated by decreasing the funding sources from 10 (AAs) to 1 (Medicaid).

Area Agencies serve as the Organized Health Care Delivery System (OHCDS) entities for Developmental Services. Under this role, an OHCDS can conduct pass-through funding for non-direct care services. BDS has opted to use this approach. However, as outlined in the BDS pass-through policy, providers who complete a service and do not pass it through to another contracted entity may still bill directly for the service. Pass-through guidance was shared on March 27, 2023.

<https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/pass-through-memorandum.pdf>

5. What specialty providers will be required to be Medicaid billers? Consider clinicians, BCBA's, PT/OT etc.

A list of carved out pass-through services can be found in the pass-through services guidance shared on March 27, 2023. All other providers rendering services not called out for pass-through must enroll with Medicaid to bill for services.

<https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/pass-through-memorandum.pdf>

6. How will risk management plans be completed and billed?

Risk management plans are considered a specialty service, however if the vendor is an enrolled Medicaid provider and their employee is qualified, and they are enrolled to bill SSL they can also bill directly.

7. How will crisis funding be managed?

Crisis funding will be managed as any other service and will be coordinated through the Service Coordinator. BDS will be releasing an updated Crisis Policy in the coming weeks.

8. If providers are submitting and collecting their own claims, shouldn't they be responsible for their own PAs? Is there a reason why PAs will still go through the Service Coordinator/Area Agencies? This is likely to cause many unnecessary delays in provider billing. It doesn't seem prudent for providers to rely on the work of SCs/AAs who will have no stake or benefit to gain in providers receiving accurate and timely payments from Medicaid. This is a large issue with the current system that providers assumed would be solved or eliminated with direct billing.

Service Coordinators will be responsible for completion of the Individual Service Agreement, gathering the provider budget, and submitting prior service authorizations. These will be submitted to BDS for review and approval.

9. What training will be offered to providers and for Service Coordinators on the new PA process? What will the process be for authorization and notification following the “triggering” of the PA by the Service Coordinator adding a service to the ISA?

For July 1 implementation, BDS is holding several trainings for Service Coordinators to prepare them for their role. BDS is also hosting training for providers on the billing process - including one-on-one training opportunities with Conduent to support billing activities. Until the new IT systems are live - which will automate the prior authorization process and show providers current PAs - a letter will be mailed to the rendering provider identifying the service and service start date for a new PA.

BDS Trainings for Service Coordinators and Providers:

<https://www.dhhs.nh.gov/programs-services/disability-care/developmental-services/provider-information-and-resources>

10. How will issues related to Service Coordinator turnover, issues with inadequate training and current extensive issues with timeliness of ISA’s be mitigated? Putting the financial security of a provider in the hands of Service Coordinators is cause for serious concern.

BDS is working closely with Service Coordination entities to prepare them for the July 1 compliance date. BDS has also worked with Area Agencies to identify ISA completion and service utilization monitoring plans to support this transition through the Designated Area Agency Delivery System rate and responsibilities. Providers identifying delays in ISA completion and/or PA readiness can also contact BDS to identify issues.

11. With PA’s and Medicaid eligibility in the hands of Service Coordinators what will be the safety net for providers in the event that ISAs are late and/or Medicaid redeterminations are not completed or there are other issues with Medicaid eligibility that will directly affect the ability to bill?

BDS is working closely with Service Coordination entities to prepare them for the July 1 compliance date. BDS has also worked with Area Agencies to identify ISA completion and service utilization monitoring plans to support this transition through the Designated Area Agency Delivery System rate and responsibilities. Providers experiencing delays in ISA completion and/or PA readiness can also contact BDS to identify issues.

12. We have heard that if any of the providers for an individual are not able to bill, then none of that individual’s providers will be able to bill. Does this mean if an individual is served by two different providers for CPS and RES and one of those providers is not prepared to bill, that the other prepared provider will not be able to bill either? Or is this referring to the Area Agency and sole provider as the “Providers?”

In managing the systemic changes posed by direct billing, BDS has reviewed contingency plans to support operations and service stabilization for individuals through the transition. As part of that, one contingency plan identifies that if an individual receives services from multiple providers, but

one of those providers have not been approved to be a Medicaid enrolled Provider, all billing for the individual will go through the Area Agency. This plan does not meet compliance standards but does reduce the risk to the individual. BDS continues to work with all providers to get Medicaid applications submitted and approved so that this contingency is not needed. However, it is paramount that services to the individual remain stable. In the instance where a provider is not enrolled on July 1, BDS will work directly with that agency to get an application submitted and approved as quickly as possible.

13. We have heard that Area Agencies who use NH Leads will not be able to be trading partners as the billing system does not currently have capacity. What is the plan for this and how will providers who do not wish to direct bill be affected due to choices of Area Agencies not being available?

NH Leads is managed independently by the Area Agencies; BDS does not provide any active support to the system. Providers wishing to utilize a trading partner can find a list of all approved Medicaid trading partners by visiting the BDS website. BDS continuously updates this list as additional trading partners are approved.

Trading Partners:

<https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/bdslistmedicaidenrolledtradingpartners.pdf>

14. Will there be complications if a provider chooses a trading partner for billing but that trading partner does not provide Service Coordination for that provider.

No. Trading partners are not required to be rendering service providers.

15. Will diagnostic codes be required for direct billing and if so, will there be training for providers on this?

You will need codes for billing and they are Healthcare Common Procedure Coding System (HCPCS) codes. The training on HCPCS codes will be covered in the future.

16. Providers need more guidance and training on various direct billing options to help providers decide on which option to choose and plan for the resources (system, processes, staff etc.).

Providers are encouraged to reach out to Conduent for one-on-one training. Additional resources related to direct billing, including the options a provider can select, can be found on the BDS website on the Provider Resources page.

Provider Resources Page:

<https://www.dhhs.nh.gov/programs-services/disability-care/developmental-services/provider-information-and-resources>

Conduent Provider Relations:

PA Conversion

17. How will we know which rates to bill?

BDS is currently working with Area Agencies to get updated information on rendering providers currently supporting active Service Authorizations. Based on that data collection and validation process, BDS will be working with providers to provide information about the units and rates for individuals currently served by the provider. This information should provide direct information about what providers can expect on July 1, 2023.

18. We have heard there will be a fee for using Conduent. How will this be factored into rates?

There are no fees associated with using the MMIS billing portal. Providers can use the portal to submit claims once their application has been approved. Providers using a trading partner may be charged an administrative fee by the contracting entity. BDS has no input into that process.

Moving forward, in development of new service reimbursement rates, Meyers & Stauffer (M&S) - the contractor supporting rate development work - will use verified cost data, including administrative costs, in the rate setting process.

19. Has an Annual Cost of Living Increase been considered and if so, what is the status?

The Governor's proposed 2024/2025 budget includes keeping current rates constant which means that previous funds removed from a participant budget to fund Area Agency general management costs will now go to the rendering Provider.

Service Coordination

20. Will there be expectation for credentialing or licensure of Service Coordinators?

BDS is currently reviewing licensure requirements but has not made any determinations on future expectations.

21. Area Agencies currently collect a fee for the SIS as well as for HRST updates. Will any of this be shared with independent Service Coordinators or providers who actively participate in these?

The current billing structures for the SIS and HRST will stay the same through July 1. Future changes have not yet been reviewed.

22. With no contracts in place with Area Agencies, how will provider referral and admission/discharge of individuals to different providers and services work? Will Service Coordinators still facilitate the process of provider identification and referral to services for the families?

Yes, Service Coordinators will still serve as the primary facilitators of this role.

23. Providers need to better understand what the Area Agencies/Service Coordinators currently do and what they won't be doing post 7/1/23 and who will be responsible for overseeing it all?

BDS has worked with Area Agencies to finalize the Area Agency functions under DAADS which includes partnering with the State for overall system monitoring. BDS is also finalizing an updated Service Coordination definition that will be shared with stakeholders in coming weeks.

Service Coordination Function List

<https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/scfunctionlist.pdf>

Quality Oversight and Management

24. Please provide more specifics on exactly what the DAADS rate will cover.

An overview of Medicaid administrative reimbursable activities to be completed by the area agencies will be available under He-M 505 which BDS plans to release for informal and formal comment periods.

25. We understand that in the absence of Master Agreements/Contract with Area Agencies, guidelines, rules and quality expectations for service providers will be incorporated in 503 regs. What will be the process for the rule change in terms of stakeholder involvement, public comment etc. and what will the timeframes be for this, keeping in mind the need for providers to adequately prepare for the changes?

To support the July 1 transition, BDS is working on three rule areas, including (1) updates to He -M 503; (2) updates to He-M 505; and (3) development of a provider rule. These changes are meant to support clarity to all operating parties on roles and expectations under the new structures. Opportunities to provide comment include informal comment periods and formal comment periods. BDS has also conducted presentations on He-M 503 changes to interested parties. BDS will continue to follow the statutory requirements in RSA 541-A.

Public notice for these rules will be posted on BDS's website.

Public Notices: <https://www.dhhs.nh.gov/news-events/public-notice>

BDS Website: <https://www.dhhs.nh.gov/programs-services/disability-care/developmental-services>

26. How will all of this be overseen at BDS?

BDS will continue to partner with other state agencies such as Program Integrity and the Licensing and Certification Unit, as well as the Area Agencies to monitor the system prior to, during and post implementation of the July 1 transition.

Other Topics

27. Is there a safety net in place for providers should there be problems with billing and reimbursement after July 1, 2023? Most providers simply cannot carry any kind of delay in payment for any extended period of time and there is risk of losing some smaller providers should this not be managed well.

BDS recognizes that coming into compliance with the Corrective Action Plan requires changes in provider operations and that some providers may feel impacts as they transition to the new billing processes. BDS is ensuring state staff are available throughout the transition to problem solve issues that may arise quickly to reduce impact to providers and services. BDS is working with the Department of Health and Human Services to identify any other financial safeguards that may be available to support this transition. BDS will communicate any identified options should any be presented.

28. What risk management plans and contingencies are in place for expected issues and system issues after 7/1/23?

During the January 12, 2023, Advisory Committee meeting, BDS presented risk mitigation and contingency plans to support the July 1 transition. The presentation from the meeting can be viewed on the DHHS website at:

<https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/bdssystemacppt01122023.pdf>